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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	42P6963R
	First Named Inventor	Ganesan et al.
	Original Patent Number	6,297,974
	Original Patent Issue Date (Month/Day/Year)	10/02/2002
	Express Mail Label No.	EV323393856US

APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. Applicant claims small entity status. See 37 CFR 1.27.
3. Specification and Claims in double column copy of patent format
(amended, if appropriate)
4. Drawing(s) (proposed amendments, if appropriate)
5. Reissue Oath/Declaration (original or copy)
(37 CFR 1.175) (PTO/SB/51 or 52)
6. Power of Attorney
7. Original U.S. Patent currently assigned? Yes No
(If Yes, check applicable box(es))
 - Written Consent of all Assignees (PTO/SB/53)
 - 37 CFR 3.73(b) Statement
(PTO/SB/96)
8. CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i CD-ROM (2 copies) or CD-R (2 copies); or
 - ii paper
 - c. Statements verifying identity of above copies

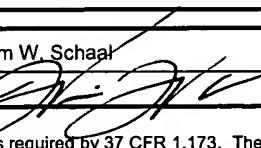
ACCOMPANYING APPLICATION PARTS

10. Statement of status and support for all changes to the claims. See 37 CFR 1.173(c).
11. Original Patent Grant
 - Ribboned Original Patent Grant
 - Statement of Loss (PTO/SB/55)
12. Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
13. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
14. English Translation of Reissue Oath/Declaration
(if applicable)
15. Preliminary Amendment
16. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other: _____

18. CORRESPONDENCE ADDRESS

Customer Number. 08791 OR Correspondence address below

Name			
Address			
City	State	Zip Code	
Country	Telephone	Fax	

Name (Print/Type)	William W. Schaal	Registration No. (Attorney/Agent)	39,018
Signature			
	Date	October 2, 2003	

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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16591 US PTO
10/678055
10/02/03

REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

42P6963R

Claims as Filed – Part 1

	(1) Claims in Patent	(2) Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	(A) 24	(B) 37	**** 13 =	x \$ _____ =		x \$ 18.00 =	234.00
Independent claims (37 CFR 1.16(i))	(C) 5	(D) 7	* 2 =	x \$ _____ =		x \$ 96.00 =	192.00
				Basic Fee (37 CFR 1.16(h))		\$ _____	\$ 770.00
				Total Filing Fee		\$ _____	OR \$ 1196.

Claims as Amended – Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =		x \$ _____ =	
				Total Additional Fee		\$ _____	OR	\$ _____

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B – A); if "A" is 20 or less, use (B – 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

 Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account Number _____ in the amount of _____.
A duplicate copy of this sheet is enclosed. The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account Number 02-2666.
A duplicate copy of this sheet is enclosed. A check in the amount of \$ 1,196.00 to cover the filing/additional fee is enclosed. Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

October 2, 2003

Date

39,018

Registration Number, if applicable

Signature of Applicant, Attorney or Agent of Record

William W. Schaal

Typed or printed name

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application. No. : 09/405,977 Confirmation No. 1104
Applicant : Ganesan et al.
Filed : September 27, 1999
Reissue App. No. :
For : METHOD AND APPARATUS FOR REDUCING STRESS ACROSS
CAPACITORS USED IN INTEGRATED CIRCUITS
Reissue of: U.S. Patent No. 6,297,974
Docket No. : 42P6963
Customer No. : 8791

MAIL STOP REISSUE
Commissioner for Patents
PO Box 1450
Alexandria VA 22313-1450

STATEMENT OF STATUS/SUPPORT FOR CLAIM CHANGES

Sir:

In accordance with 37 C.F.R. §1.173(c), claims 1-34 are now pending. Support in the disclosure of the patent for amended claims 1, 10 and 15 is listed below.

Claim Number	Support in Disclosure
Claim 1	Col. 2 (lines 17-19); Col. 4 (lines 53-57); Col. 5 (lines 4-7, 14-21)
Claim 10	Col. 2 (lines 17-19); Col. 4 (lines 53-57); Col. 5 (lines 4-7, 14-21)
Claim 15	Change antecedent basis
Claim 25	Original claim 1
Claim 26	Original claim 2

Claim 27	Original claim 3
Claim 28	Original claim 4
Claim 29	Original claim 5
Claim 30	Original claim 6
Claim 31	Original claim 7
Claim 32	Original claim 8
Claim 33	Original claim 9
Claim 34	Original claim 18; Col. 5 (lines 54-67); Col. 6 (lines 1-67); Col. 7 (lines 1-27); Figure 5
Claim 35	Original claim 19
Claim 36	Original claim 20
Claim 37	Original claim 21
Claim 29	Original claim 5

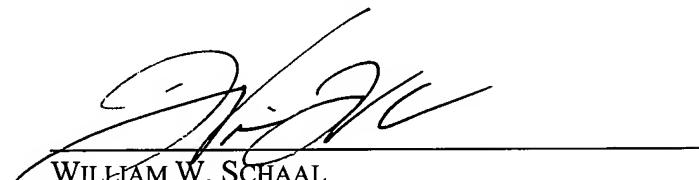
CONCLUSION

In light of the foregoing, Applicant respectfully submits that no new substantive matter has been added and respectfully requests consideration of all pending claims.

Respectfully submitted,

BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

Dated: October 2, 2003



WILLIAM W. SCHAAL
Reg. No. 39,018